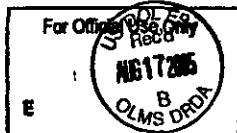


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9341</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing. Name <u>Joseph</u> <u>Toner</u> P.O. Box, Bldg., Room No., if any <u>Unit 1B</u> Street <u>16 Seymour Road</u> City <u>East Granby</u> State <u>Connecticut</u> ZIP Code + 4 <u>06026</u>	4 Name, file number, and address of labor organization. Name <u>Iron Workers Local No. 15</u> Labor Organization File Number <u>033-302</u> P.O. Box, Building and Room Number, if any Street <u>20-28 Sargeant Street, 3rd Floor</u> City <u>Hartford</u> State <u>Connecticut</u> ZIP Code + 4 <u>06105</u>
5. Position in labor organization. <u>Business Agent</u>	

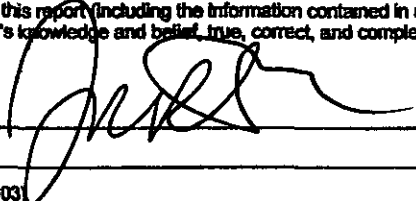
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

12-12-05  
Date

860-249-7629  
Telephone Number

Name of Person Filing **Joseph Toner**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8. Name and address of Business (including trade name, if any).

Name **Iron Workers 15 & 424 Pension Fund**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **300 Research Parkway, Suite 301**

City **Meriden**

State **Connecticut** ZIP Code + 4 **06450**

## 9. Business deals with

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Iron Workers 15 & 424 Pension Fund**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **300 Research Parkway, Suite 301**

City **Meriden**

State **Connecticut** ZIP Code + 4 **06450**

## 11.a. Nature of such dealing.

**Union Trustees - Iron Workers' Locals 15 & 424 Pension Fund**

## 11.b. Approximate dollar value of such dealing.

**N/A**

## 12.a. Nature of interest held or income received.

**I.P.E.B.P. Annual Conference registration, airfare, hotel, daily expense - November 2004**

**Expenses related to Board of Trustees meetings for the year**

**I.P.E.B.P. Annual Conference Registration - Nov. 05**

## 12.b. Amount.

**\$3,015**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8 Name and address of Business (including trade name, if any)

Name **Iron Workers 15 & 424 Extended Benefit Fund**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **300 Research Parkway, Suite 301**City **Meriden**State **Connecticut** ZIP Code + 4 **06450**

## 9 Business deals with.

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10 If 9.b. or 9.c. is checked give trust or employer's name.

Name **Iron Workers 15 & 424 Extended Benefit Fund**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **300 Research Parkway, Suite 301**City **Meriden**State **Connecticut** ZIP Code + 4 **06450**

## 11.a. Nature of such dealing.

**Union Trustee - Iron Workers' Locals 15 & 424  
Extended Benefit Fund**

## 11.b. Approximate dollar value of such dealing.

**N/A**

## 12.a. Nature of interest held or income received.

**I.F.E.B.P. Annual Conference registration, airfare,  
hotel, daily expense - November 2004****Expenses related to Board of Trustees meetings for  
the year****I.F.E.B.P. Annual Conference Registration - Nov. 05**

## 12.b. Amount.

**\$3,371**

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8 Name and address of Business (including trade name, if any).

Name **Iron Workers' 15 & 424 Annuity Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **300 Research Parkway, Suite 301**City **Meriden**State **Connecticut** ZIP Code + 4 **06450**

## 9 Business deals with.

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Iron Workers' 15 & 424 Annuity Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **300 Research Parkway, Suite 301**City **Meriden**State **Connecticut** ZIP Code + 4 **06450**

## 11 a Nature of such dealing

**Union Trustee - Iron Workers' Locals 15 & 424 Annuity Fund**

## 11.b Approximate dollar value of such dealing.

**N/A**

## 12.a Nature of interest held or income received.

**I.F.E.B.P. Annual Conference registration, airfare, hotel, daily expense - November 2004****Expenses related to Board of Trustees meetings for the year****I.F.E.B.P. Annual Conference Registration - Nov. 05**

## 12.b Amount.

**\$2,483**



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any)

Name Iron Workers District Council of NE - IMCT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 96

Street 191 Old Colony Avenue

City South Boston

State Massachusetts ZIP Code + 4 02127

## 9 Business deals with.

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b or 9.c is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11 a. Nature of such dealing

Member of the district council

## 11 b. Approximate dollar value of such dealing

N/A

## 12 a. Nature of interest held or income received

Annual IMP Conference hotel and parking expenses - January 2004

International Business Agent Meeting lunch and dinner meeting costs - February 2004

## 12.b Amount

\$566

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any)

Name **NWQ Investment Management**

Trade Name, if any

P O Box, Bldg., Room No., if any

Street **15 South Fifth Street**City **Minneapolis**State **Minnesota** ZIP Code + 4 **55402**

## 9. Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10 If 9.b. or 9.c. is checked give trust or employer's name.

Name **Iron Workers Local 15 & 424 Pension Fund**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **300 Research Parkway, Suite 301**City **Meriden**State **Connecticut** ZIP Code + 4 **06450**

## 11.a. Nature of such dealing.

**Investment Manager****\*\* - reference Form 5500, Schedule C**

## 11.b. Approximate dollar value of such dealing.

**\*\***

## 12.a. Nature of interest held or income received

**Golf Outing - December 2004**

## 12.b. Amount.

**\$160**